THE MEDICAL NEWS AND LIBRARY.

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CONTENTS.

CLINICS.

CLINICAL LECTURE.

Clinical Lecture on the Milk and Whey Treatment and on Health Resorts.—By HERMANN LEBERT, Prof. Clin. Med. in the University of Breslau.

Gentlemen: It is now a very general custom with many patients as a means of effecting a cure to go into the country during the summer months to spend their time on the hills and at the seaside, hoping there to gain health and strength far away from the troubles of their daily occupation. Although many abuses still exist in the application of mineral waters, yet treatment by their means must in many cases be recommended, since it evidently is founded on true hygienic principles.

It must therefore be a part of your medical education that you should make yourselves acquainted with this method of treatment, and consequently during the summer months I gladly embrace the opportunity of making every suitable case available in this respect for your instruction. Lectures on this subject are valuable not only for the benefit of your future practice, but they are also necessary for this reason, that our views on this subject have changed a great deal during the last few years, and they will probably yet undergo still more change.

The time is past in which mineral waters have been regarded as simple units (without reference to their constituents), in which the mysticism of the healing power of the spirits bubbling from the depths of the earth had a particular charm not for laymen only, but also for many practitioners, and when the might of the propitious Naiads within the province of balneology gave rise, not only to large numbers of doggerel verses, but to a still greater quantity of prose writing. Natural philosophy, chemistry, and experience sieved by a process of severe

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criticism, have at last begun to bear away even in this department. We have become aware that the ghosts rising from the deep are nothing but aerated water impregnated with salts derived from the soil and rocks through which it has flowed, and from this fact we derive a knowledge of benefit to therapeutics, of the proper relations of solution and chemical combination. Of the gases, again, we know that hydrosulphate gases, for instance, are freed by the decomposition of sulphate of lime or other sulphates, and the bubbling carbonic acid from the carbonated salts, earths, and particularly from carbonate of lime. From a chemical aspect we are better acquainted with the mineral waters than we are with most of our composite medicines; we know that their temperature depends on a definite law, that of the increase of the heat of the earth by one degree Centigrade for every hundred feet in depth, and that their physical condition as regards temperature from the very cold to the hot springs exercises a decided influence on their action.

Concerning the bath, we have learnt that the salts contained in solution are not at all, or but little, absorbed by the skin, and that therefore a direct influence is exercised by the bath only in diseases of the skin or in affections which have communication with the skin by means of fistulous sores, and so on. The unquestionable influence exercised on the nerves of the skin is much weakened by the epidermis, but nevertheless the physical action of the bath becomes quite prominent in the majority of diseases which do not directly concern the surface of the body, and here again temperature plays a most important part; also in douches the degree of concentration and force of the jet and the height from which it falls, and in vapour baths minute atomization and high temperature, etc. If the original therapeutics of the peasant Priesnitz tries to make the patient believe that the pustules and furuncles produced by constant irritation of the skin consequent on unintermittent poulticing are true crises, one does not know whether most to smile at the credulity of the patient or at the charlatanism of such practitioners.

The more hygiene becomes a subject of close and profound investigation, the more does climatology attain to its full and important rights; and, on taking a survey of many and accurate meteorological, physical, geographical, and geological investigations, we find that they afford to the physician many delicate and important points, but they at the same time impress him with a feeling of the responsibility of acting on a strictly critical and scientific basis in respect to such knowledge.

The courses of treatment by milk and whey occupy a prominent position amongst the hygienic courses, which are very often combined with climate and mineral water treatment. These are annually ordered for so large a number of patients that it seems to me very necessary for your future practice that I should give you a clear idea of them; since, on the one hand, according to my conviction, the milk courses, more particularly with respect to the different species of animals which supply the milk, have not yet been sufficiently appreciated, whilst on the other hand the courses of treatment by whey have been very much over-estimated, having attained to such proportions in the watering-places of Silesia as to render the latter rivals to those even of Switzerland. Now, most of our whey health resorts have an advantageous climatic position; their arrangements and the whole mode of life in them are well arranged. The medical advice is mostly derived from full experience; and hence beneficial results in chronic cases cannot be denied. Nevertheless, we must in many cases confidently conclude that the patients have been benefited or cured, not in consequence, but in spite of the whey. Concerning this point, a want of knowledge in natural philosophy and chemistry is felt by many physicians, and this again proves that secular traditions must not be mistaken for verified experience.

I am just publishing an extensive paper on this subject, and I refer you to the same for further information concerning it. To-day I shall try to give you merely an outline of the principal points concerning the composition of milk and whey, and their application in chronic diseases; and I intend to add a few remarks to show that chronic tubercular disease of the lungs in its earlier stages very frequently gets worse in consequence of a prolonged stay of the patient in hospital, whilst much better results may be expected for the poorer classes from health resorts in the country, combining a well planned hygienic system.

Let me first make a few remarks on the chemical nature of milk and whey. If we

compare different kinds of milk with reference to their solid constituents, we find that asses' milk is most dilute, containing scarcely 9 per cent. solid matter; next stands human milk, with somewhat over 11 per cent.; next goats' milk with 13½ per cent.; next cows' milk with over 14 per cent.; then sheep's milk containing 16 per cent. (according to an analysis recently made in my laboratory even 18 per cent.); and, lastly, mares' milk, containing 17 per cent. From these facts asses' milk would be applicable in cases where a dilute milk seems desirable. Goats' and cows' milk represent the average quality; sheep's milk would be suitable when that containing a large amount of nourishment is thought necessary, and it is preferable to the rich mares' milk—which in the central parts of Europe is also frequently applied to therapeutic purposes—because it contains a larger quantity of albumen and casein.

Still more important than the total amount of the solid matter is the amount of casein and albumen. Excepting mares' milk, which is excessively poor in this respect, human milk is the poorest, containing only 4 per cent. of casein, whilst cows' milk contains nearly 5 per cent., and more than ½ per cent. albumen. In direct opposition to the latter stands asses' milk, with only 2 per cent. casein and albumen, and for this reason it is beneficially employed in inflammatory chronic diseases, in which the supply of nitrogenous matter must be confined within moderate limits. Goats' milk, with 5⅔ per cent. of casein and albumen, is particularly characterized by its large amount of albumen, which is 1½ per cent., and sheep's milk is in this particular again the richest, since of 5½ per cent. of casein and albumen, as much as 1⅔ are albumen.

Asses' milk contains also the smallest quantity of butter, whilst cows' and human milk contain 4½ per cent., sheep's milk nearly 6 per cent., and goats' milk nearly 7 per cent. Goats' and sheep's milk contain, again, the largest amount of hydrocarbons, and the sheep exhibits the enormous value of the nourishing constituents of its milk by its containing 11½ per cent. of proteine matters and hydrocarbons.

The milk sugar amounts on the average to 4 per cent. in the cow, goat, and sheep, and to more than 5 per cent. in the ass.

The salts, chlorides of the alkalies, earths, etc., amount to ½ or ⅔ per cent. on the average in different kinds of milk. The large amount of milk-sugar in mares' milk—viz., 8 per cent.—only moderately increases its nutritive value, but renders it prone to alcoholic fermentation, whence arises its manifold application in courses of "Koumyss" treatment amongst Tartaric tribes.—Med. Times and Gaz., Aug. 13, 1870.

(*To be continued.*)

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Clinical Lecture on Chronic Phlebitis. By FREDERIC C. SKEY, F.R.S., Consulting Surgeon to St. Bartholomew's Hospital.

There is a malady not infrequently met with which reaches in its progress to the verge of danger to life, if it does not overstep the line, and which, so far as I know, has not obtained from writers on surgery the full attention it deserves: I mean phlebitis in its chronic form. It is better known as the product of traumatic causes, and when acute in character and progress it is far more intractable than in the form I am about to allude to. In my belief debility is the parent of disease, and you will not meet with chronic phlebitis except in persons either constitutionally weak or reduced to a low level of health by accidental causes. When I use the term "weak," I do not allude to defective capacity of the muscular frame. This system may be the seat of active and vigorous health; the capacity for physical exercise may be great and enduring; while the structures of *organic life* within the body suffer in a far more positive degree from the evils incidental to a weak circulation. These are, in truth, the "vital powers" of the frame, on the vigour and integrity of which the health of the person more critically depends. I think you will find that all cases of chronic phlebitis are accompanied by a weak and generally by a slow pulse, a pulse readily compressible, and in which the contractions of the heart are by many pulsations below the average standard. Unless you note this feature in such cases—presuming it as a rule to be present—you will fail in your treatment, and the disease will gain the ascendant. Chronic phlebitis commences with deep-seated pain in the affected limb, which is generally, but not invariably, the lower extremity. It is commonly ascribed to rheumatism, which it in some respects resembles. It is described as an aching pain of the limb, but it is more persistent than rheumatism; and when its seat is detected

it will be observed to hold a relation with the large venous system of the limb. The femoral and popliteal veins are the principal seat, but the disease extends downwards along both posterior and anterior tibial and upwards along the internal saphena veins. All these vessels are hard and firm, and consolidated by coagula within them. The evil to be apprehended is the separation of a portion of this coagulum and its transmission into the pulmonary capillaries of the lungs. In a fatal case of chronic phlebitis I have elsewhere reported this sad result occurred, and death followed in the course of a few hours. The disease frequently attacks the opposite limb. In this case the disease had entirely ceased to exist in the left limb, and was gradually subsiding in the right, after involving the vessels for some four or five weeks. In order to prove the healthy condition of the limb, the patient struck his thigh a smart blow with his hand, in his delight at the approaching termination of his long confinement. This occurred at a late hour in the afternoon; he was shortly afterwards seized with difficult respiration, and he broke out in a profuse sweat, and died within eight hours.

The constitutional treatment of cases of chronic phlebitis should be essentially tonic and stimulating—to an extent, however, regulated by the pulse and the necessary support required by the system. If the tendency to coagulation of the blood in the venous channels be due to defective power in the heart and arterial system, it is clear that stimulants on a very positive scale are essential to recovery. As regards local treatment, a liniment composed of mercurial liniment and extract of opium will be applied along the track of the vessels with advantage, and more effectively if the limb be previously fomented with very hot water for fifteen or twenty minutes, and then carefully bandaged with a flannel roller.—Lancet, August 20th, 1870.

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Clinical Remarks on Wounds into Joints. By FREDERICK C. SKEY, F.R.S., etc.—I wish to address you a few words on the subject of wounds into joints, at all times a serious accident, and, as regards the joint itself, not infrequently a fatal one. In case of doubt as to the joint being involved, it is hardly necessary to say, avoid all exploration. Nature will not permit any intrusion on or violence done to a joint. Peril almost certainly follows. If the joint be opened, and more especially if the wound through the synovial membrane be large or contused, inflammation follows, and the outer wound, which may have shown a disposition to heal, opens. The margins inflame, or at least assume a red colour; and a watery ichor first exudes from the joint, followed by pus. From the wound large and glassy granulations arise, which are eminently characteristic of a wound into a joint. In this condition writers recommend a free incision into the cavity, under the idea that the joint is irretrievably lost. If the discharge of pus diminishes concurrently with increased pain and swelling of the joint, an incision, with a view to dilate the opening, may be advisable, but otherwise I do not think it is, because I am satisfied, from the observation of several cases, that the joint is occasionally perfectly recoverable. I can quote at least three cases in which pus was poured out from the knee-joint—in one of three days' duration, in a second of ten days', and in a third of three weeks'. In each and all these cases the joints were perfectly restored to their natural functions. If this be so, will you not be careful in adopting what I cannot but consider objectionable practice, that of a premature and fatal incision into a joint, which is yet susceptible of cure by natural processes?—Lancet, August 20th, 1870.

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Notes of Clinical Remarks by Sir William Jenner. Hereditary Tendency in Tubercular Phthisis; Question of Paracentesis Thoracis.—The patient, a girl eighteen years of age, was the subject of tubercular phthisis. On reference being made to the history of the case, it was found that both her parents had been affected with phthisis; that her father had died of it; that the only other child of this marriage was a confirmed invalid with cough and chest affection; also that the mother had contracted a second marriage, of which, according to the patient's account, there had been three children, who were all under twelve and healthy. Sir William Jenner said that it would be desirable to ascertain by personal examination the health of these children, because the point involved was one of great interest. He believed that with regard to children both of whose parents are tubercular, the morbid tendency is not only transmitted to them, but intensified in them to a degree exceeding the

sum of the tendencies of the parents; and that the intensifying of the tendency under these circumstances occurs equally in cases of insanity and nervous disease in general. On this ground Sir William said he objected to intermarriage, few families being free from a tendency to some disease; therefore, if two members of the same family became married, the tendency latent in them would be intensified in their offspring to the enormous degree already indicated. With regard to tuberculosis, he added that, though he could not give it as an ascertained truth, yet, from his experience at the Ormond Street Hospital for children, he was led to believe that the father transmits the tendency with greater certainty than the mother, in cases where only one parent is affected.

There was also a report of the patient having had pneumothorax whilst in Brompton Hospital, from which she was discharged three months ago.

The chest presented the following physical signs: The left front was obviously larger and deeper from before backwards than the right. and the shoulder and angle of the scapula were elevated; it advanced in inspiration, Sir William Jenner thought, as much as the right. In the left lateral region there was recession of the walls during inspiration, less marked, however, than on the right side. With the exception of the second and third spaces, which receded during inspiration and bulged during expiration, and the first, which only bulged during expiration, the intercostal spaces were not on this side appreciable to the eye. The right front was a little flattened, and the intercostal spaces were depressed, while the heart was seen pulsating under the mamma. Below the nipple the chest walls receded distinctly during inspiration. There was great verticality of the ribs on both sides, especially the left. On percussion were found dulness of the left front, extending to a finger's breadth to the right of the sternum, and dulness of the left lateral region as far downwards as the margin of the thorax, and corresponding in extent to the obliteration of intercostal spaces on the right side; resonance of the supra- and infra-scapular regions, but rather less resonance of the rest of the part than would have been expected, considering the thinness of the patient; the right lateral region, from the axilla downwards, was hyper-resonant. Posteriorly the left back was dull throughout. On auscultation a faint snore was found to accompany the respiratory act before and behind on the left side; and that it was produced there, and not transmitted, Sir William Jenner thought was deducible from the amount of movement which occurred on that side. On the right side were, below the clavicle, blowing breathing, accompanied by a loud jerking snore; lower down a sort of respiratory snore. fading towards the base. The same sounds were audible posteriorly. Vocal fremitus, on the left side, was felt close to the spine, nearly down to the inferior angle of the scapula in the supra-spinous fossa, and above, but not below the clavicle. On the right side throughout it was decidedly more distinct than in the left, but faded somewhat from above downwards. The measurements were: right chest under mamma to mid-sternum, 14 inches; left, 14¾ inches; above the mamma, immediately under the angle of the scapula on the right side 13¾ inches; left 15 inches.

The reported pneumothorax, Sir William Jenner said, had probably been due to diseased tissue having broken down in such a situation as to admit the passage of air into the cavity of the pleura; that the air had been subsequently absorbed, leaving behind it fluid, which had then some time since, by pressure upon the lung, caused its collapse.

Sir William Jenner did not recommend paracentesis for the following reasons. The disease began with pneumothorax, and from the family history of the girl, from her aspect and build, and from the almost invariable connection of pneumothorax with tubercular softening, he had no doubt that she had tubercular disease of the lung, and perforation had resulted from some softened deposit. There were no urgent symptoms to render interference necessary, and no great difficulty of breathing. If the adhesions of the compressed lung were not sufficiently strong, or the lung not covered enough with false membrane to prevent its expansion, when the fluid was let out the opening would probably be re-formed, and active mischief established. Since the temperature was natural, and there were no active symptoms, and the girl was young, it would be better to wait. In time the lung would probably get so condensed that when the fluid was removed the lung would

not re-expand, but the chest wall fall in and adapt itself, in some degree at all events, to the small lung.

Frequency of Cardiac Complication in Acute Rheumatism.—A systolic bruit at the apex being observed in a girl twelve years of age, and suffering from acute rheumatism, Sir W. Jenner said that in subjects of that age acute rheumatism, however slight the attack, rarely failed to affect the heart. In the present case the cardiac affection was confined to simple endocarditis. At the time when he was a student it had been held that all deposits in valves were the direct result of endocarditis; since then it had been taught that they were none of them anything more than coagula which had become adherent. The truth, he said, was the still more recent doctrine that the endocarditis having caused probably only a slight roughness of the valve, by a mere mechanical process this roughening whipped out and coagulated the fibrin of the blood.

Mitral Disease and Pulmonary Apoplexy.—Sir William Jenner called attention to the freedom from any tendency to pulmonary apoplexy of patients affected with well-marked mitral regurgitation. He said that, contrary to the opinion of some authorities, neither this nor aortic disease is usually followed by pulmonary apoplexy; while, on the other hand, mitral obstruction almost invariably is. He considered mitral regurgitation to be the least grave, and mitral obstruction the most grave, of valvular diseases of the heart.—Lancet, July 23, 1870.

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Obliteration of Varicose Veins.—From some clinical remarks made by Mr. HAYNES WALTON during a recent visit to the wards, we gather that he is much in favour of tying varicose veins under certain circumstances, and that in his hands the operation has met with such marked success as to justify his favourable opinion of it. Remarking upon this plan of treatment to the students, Mr. Walton pointed out the value of Mr. Gay's researches which have shown that the vein which mainly suffers is not the long saphena, as is usually taught, but rather its smaller tributaries. The operation of ligaturing varicose veins was long thrown into the background by the strong adverse opinion expressed by Sir Benjamin Brodie, in which course he was followed by Key and Lawrence, so that for some years this mode of treatment shared the fate of the valuable operation of lithotrity, which was also by the powerful opposition of Brodie prevented from coming into general use for several years. Both methods of treatment, however, have been very generally revived amongst us of late and Mr. Walton believes that if due discretion be exercised in the selection of cases, and proper caution observed in the performance of the operation, the ligature of varicose veins is as safe and as effectual a proceeding as any remedy which has been proposed. Mr. Walton never operates as long as fair relief is obtained from elastic stockings or bandages. When these means fail, however, the patient is put to bed and kept at rest for a few days, with a cold lotion to the affected leg, and then the swollen vein is obliterated in the usual manner. Much stress is laid on the method of introducing the pin, which must be inserted vertically through the parts by the side of the vein, the point carried well round, and thrust sharply out on the other side. Mr. Walton generally follows the plan suggested by Mr. Henry Lee, of dividing the vein between the points of compression; not with the object of rendering the operation more effectual, but merely to prove that the vein is properly secured and not transfixed, transfixion by a careless operator being the great source of danger in this otherwise highly satisfactory treatment. During the past year Mr. Walton operated on seven of these cases, and each time with a successful result.—Med. Times and Gaz., Aug. 13, 1870.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Treatment of Chancroids By Dr. CHAS. C. SHOYER, of Leavenworth, Kansas.—I have been most successful in the treatment of chancroids by the following plan. I apply subnitrate of bismuth as a dusting powder with tannin (but do not think the latter essential) as follows: ℞.—Bismuthi subnit. ℥j; tannin ℥j —M. S.—Apply night and morning. I also apply an ointment of the same, ℥ij bismuth., ℥j adeps, on lint or old linen, to prevent contact of the surfaces. Internally the following: ℞.—Ferri et potass. tart. ℥ijss; potass. chlorat. ℥iss; aquæ ℥iv.—M. S.—One half teaspoonful before meals. The worst cases recover in five

days. I order the parts washed with soap and water twice a day, and then dusted; afterwards the unguent applied on cloth.

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Case of Malformation, with Tumour in Pelvis. By J. GRAHAM, M. D.

I delivered, June 28th, Mrs S. of a female child which presented the following peculiarities: The hands had each six fingers, and each foot six toes all perfect in shape. The upper jaw had a double row of alveolar processes, and there was a large tumour projecting from the right iliac fossa.

The child had but indifferent health for three months, when it was attacked with diarrhœa which lasted a week. The bowels then suddenly became constipated, and this constipation resisted all remedies for six days, when death occurred.

On post-mortem examination I found a large fluctuating tumour in the right iliac fossa, projecting deep down into the pelvis, and connected by intimate adhesions with the bladder in front, but not communicating with it. This tumour had slight adhesions with the rectum also behind, and pressed upon it, causing obstruction of the bowel.

The tumour weighed 1 lb. 2 oz. Avoir. and was filled with thin, unhealthy, fetid pus.

The child had no womb, and a probe, passed up the vagina to its upper part, entered the bladder.

Mrs. S. has one child living, perfectly formed, and healthy. During her last pregnancy a friend visited her, and mentioned in conversation that she had six toes. Mrs. S. examined the foot, and was astonished at such a wonderful deformity.

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Dislocation of the Hip-Joint of Ninety Days' Standing Successfully Reduced.—Dr. H. H. KIMBALL, of Minneapolis, Minn., gives (N. W. Med. and Surg. Journal) an account of a case of this which occurred in a girl ten years of age. The head of the femur is stated to have been in the thyroid foramen, and reduction was effected by manipulation.

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Health Restored by the Extraction of Diseased Teeth.—J. H. HODGKIN, D D. S., of Alexandria, Va., relates (Am. Journ. Dental Sci.) the case of a woman æt. 38, who came to him with distressing pains in the head, impaired sight, and hearing, for the purpose of having the upper teeth extracted, which were badly decayed, being mere stumps. All of the teeth were extracted, with the exception of two, and she was requested to call in about three weeks, when they would probably be in a better condition and her nerves more firm. She called at the time appointed, and expressed herself much gratified, as her troubles were much mitigated, hearing and sight improved, and the distressing pain in the head almost gone. The remaining roots were now removed, and she decided to wait until she could have a permanent set of teeth before having the plate constructed. At the appointed time the patient called to have the artificial teeth constructed, and stated that the restoration of her health was entire, and has continued, a period of two years.

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Absence of the Right Lung.—Dr. W. DICKEY relates (Cinn. Lancet and Observer) a case of a phthisical girl, æt. 16, whose left lung was somewhat larger than normal and the right lung entirely wanting, there not being even a segment at the bifurcation.

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Curious Native Plant Incrusted with Sand (Silica) Absorbed by its Roots.—By F. PEYRE PORCHER M. D., of Charleston, S C.

We observe in a recent number of the "Journal of Applied Chemistry," a brief paper on several plants which contain *silica* in their branches or leaves. We feel sure that we have in this locality one which surpasses, in this respect, all those referred to in the above paper. It is stated there that the mulberry and cherry-tree contain respectively 15.28 and 21 28 per cent. of silica; that the stinging leaves of the nettle are composed of it, and hence that they break into the wound caused by puncture with them. Silica is found in the leaves of the common sunflower and golden rod; also, in the hard bristles and leaves of the elm, hops, and pellitory. We know, also, that it is this which gives hardness to the cane, and two pieces being rubbed together in the dark will, it is said, emit light.

Our attention having been attracted to the large amount of sand found in heaps of pine leaves which had been burned, we are inclined to the belief that this results from the indestructible residue of sand in their composition. The amount of this will sur-

prise those who will be at the pains to examine for themselves.

A plant, however, which grows in the pine lands throughout the lower country of South Carolina, will, we think, be found to contain a larger proportion of silica than any other. The leaves of this little plant are so rough (what the botanists designate as *scabrous*) that it is called the "polishing weed," and it is used as a substitute for sandpaper in polishing horns and cleaning tables and household wood-work. It is known technically as the *Diplopappus linarifolius*, Hooker, *aster* of Mr. Elliott's sketch, and is not more than a foot in height, with blue flowers, resembling the asters, with which it is closely allied.

A recent examination of these leaves with a microscope of high power discloses a remarkable arrangement. The silica coats the entire leaf as if with a layer of transparent glass, which juts out at intervals into little curved, sharply pointed thorns, which are invisible to the naked eye, and which add to its efficiency as a fine polishing agent. It possesses no known medicinal properties.

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Death from Chloroform.—W. W. L., a young merchant of Chicago, died in that city recently from the effects of chloroform, which was administered by Dr. Beeve, for the purpose of removing a cystic tumour over the left eye. The operation was nearly completed, when Mr. L. suddenly threw back his head, his neck became stiff, and he gasped. Efforts were made to restore him, but without avail. In half an hour he was dead. A coroner's inquest brought in a verdict of death from paralysis of the heart, produced by the inhalation of chloroform.—Brit. Med. and Surg. Journ., Sept. 8th, 1870, from Boston Daily Transcript.

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Private Asylum for Inebriates and Opium Eaters.—An institution of this character has recently been opened at Greenwood, Mass., eight miles from Boston, by Dr. Albert Day, late Principal of the Binghamptom Asylum for Inebriates.

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Inebriate Asylums.—Stanley Haynes, M. D., Medical Superintendent of Laverstock House Asylum, near Salisbury, England, in a recent letter to us, states that he desires to obtain full information concerning the Inebriate Asylums of the United States, to learn the legislation in force (with any contemplated amendments), to receive reports of the working of the system with statistics of treatment, and to be fully informed of all particulars in regard to the subject, with the view of aiding in the proposed legislation concerning habitual drunkards in Great Britain.

Those of our readers who can furnish the desired information, will, by doing so, promote a highly laudable and philanthropic purpose.

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Obituary Record.—Died, in New York, of paralysis, Sept. 5th, 1870, Gunning S. Bedford, M. D., late Professor of Midwifery in University Medical College. Dr. G. enjoyed high reputation as an obstetrician, he was a most popular lecturer, and was well-known abroad as well as at home by his excellent work on Midwifery and other publications.

FOREIGN INTELLIGENCE.

Death from Chloroform.—A case of death from chloroform is reported from Liverpool. The patient, a man of 42, was admitted into the Royal Infirmary suffering from disease of the right foot. An operation was deemed necessary, and chloroform was being administered, when he sank rapidly and died in a few minutes. The post-mortem revealed diseased heart and kidneys.—Med. Times and Gaz., Aug. 20, 1870.

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Smallpox in India; Protective Power of Vaccination.—Dr. Robert Harvey, in a sketch of the late epidemic of smallpox in Bhurtpoor, reprinted from the Indian Medical Gazette, shows, by a long series of facts, the value of the vaccine agent in protecting life and health. The effects of revaccination were strikingly marked in several regiments. With regard to vaccination in general he says: "The whole series of cases goes to show that the protective power of vaccination in our British forces is very strong. In upwards of thirty stations, in most, if not in all, of which cases of smallpox occurred among the general population, and in some of which, as Muttra, the disease was raging furiously, no British soldier was attacked. There was but one case at each of eleven of the twenty-two stations where cases occurred. Delhi, with its 1613

deaths, was one of these. Jullunder, 'where it raged,' another. Umballa, Nowgong, Shahjehanpoor, Dum-Dum, Sealkote, and Peshawur, several of them large garrisons, were others. At Benares, where a very imperfect system of registration recorded 518 deaths among the natives, there were only two cases in the three corps forming the English garrison. At Allahabad, where 403 deaths were registered, where I know the disease to have been severe, and where Dr. Irving says, 'The mortality is evidently very far short of the truth,' there were eight cases and one death in two batteries of artillery and H.M.'s 58th Regiment stationed there."—Med. Times and Gaz., Aug. 20, 1870.

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Milk as a Preservative against Lead Poisoning.—M. DIDIERJEAN communicated, May 10th last, to the Academy of Sciences, a note on this subject. He stated that in his manufactory the workmen in red lead often suffered from lead poisoning in spite of many precautions, such as the use of sulphuric acid lemonade, of which the men soon became tired, attention to cleanliness, frequently working in the open air, etc. Towards the latter end of 1867, his attention was drawn to two workmen long in his employ, and who had never suffered. These two workmen had habitually taken milk at their meals. This led M. D. to recommend milk to the other workmen, and from the month of February he rendered it obligatory on them to do so. After a short time the men were satisfied with the good effects of that drink, and now for more than eighteen months he had not had a single workman affected with lead poisoning.

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Treatment of Lead Colic.—Dr. EULENBURG, in a lecture on lead colic (Med. Times and Gaz., July 9, 1870), states that it is a curious fact, confirmed by the best authorities (Stokes, Bamberger, Niemeyer, and others), that in lead colic no better treatment exists for the obstinate constipation than that by the narcotics, which under other circumstances usually confine the bowels, and more particularly opium This drug, as well as morphia, must be used boldly and repeatedly in such doses as will produce decided results. A more powerful and rapid action than is produced by the internal administration of narcotics may be derived from the use of hypodermic injection of morphia and opium, by which I have seen the most striking effects produced, especially immediate relief to the tormenting pain and cessation of spasm. Other drugs—as belladonna, hyoscyamus, nux vomica, and nicotine—are more uncertain than opiates. Chloroform may be recommended internally, as well as for inhalation and for embrocation to the abdomen. The same applies to Aran's liquor anæstheticus. For my part, I consider all remedies superfluous, with the exception of opium and morphia. Cases which are not relieved by these two will certainly not be benefited by the others, whilst the reverse of this is often the case. This peculiar mode of action of the narcotics is partly explained by the experiments of Nasse; he finds that opium and strychnia increase by reflexion the irritability of the excito-motor ganglia of the intestines. These latter may thus counteract the effect of the "inhibitory" (hemmende) fibres of the splanchnic nerves, the irritability of which is increased during the paroxysm.

Evacuant medicines are serviceable for the purpose of eliminating lead; they are, however, insufficient for the treatment of constipation during an attack or during a series of attacks. This applies not to the mild aperients only, as senna, sulphate of potash and soda, calomel, and ol. ricini, but to the drastic purgatives also, of which croton oil is most valued. A mixed method of treatment, combining the narcotics and purgatives, has become justly established. The former are most appropriate at first, but when the pain has been removed by them and the first motion passed, more powerful evacuants may then be employed. This plan is more rational than the employment of purgatives at first, and afterwards narcotics, or than the use of both promiscuously.

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Water Dressing.—M. LE FORT recently read an interesting paper at the Academy "On the Employment of Continuous Baths in the Dressing of Wounds." He observes that the great mortality arising after operations in the Paris hospitals is especially due to the occurrence of erysipelas or pyæmia. The liability to these affections not only constitutes a constant danger for the patients, but it interferes with the progress of surgical science; for the surgeon finds

himself reduced to act with an amount of prudence and circumspection not called for elsewhere. Under these circumstances the first object must be to diminish as far as possible the number of cases of spontaneous erysipelas or purulent infection, and to prevent the general dissemination in the surgical wards, which such isolated cases may give rise to. Three circumstances may influence this dissemination: the nature of the medium in which the person operated on is placed, the dietetic regimen he is subjected to, and the mode of dressing employed. The great attention which has been paid to hospital hygiene during the last ten years, and the improvement which has taken place in the diet of the patients in the direction of rendering it more tonic and stimulant, have been attended with excellent results. These have diminished the occurrence of spontaneous purulent infection; and it is to the dressing employed that we should look to impede its dissemination, while as regards erysipelas, it may not only prevent its propagation, but even its appearance.

Most surgeons, being now aware of the important part which atmospheric air plays in the propagation of these affections, whether this be explained by any hurtful properties of the air itself, or by its permitting the decomposition of pus and the production of septic matters, are anxious to prevent its gaining access to wounded surfaces. Some, pursuing the same object in a different way, have sought to prevent the absorption of infectious germs by inducing obliteration of the absorbent vessels which exist at the surface of the wound, sometimes by modifying the character of the operation, and at others by covering the surfaces with astringent or even caustic substances. The obliteration of the vessels has been sought by the aid of cauteries, especially galvanic, and by the operation of *écrasement linéaire;* but, after trying an infinite number of applications to wounded surfaces, surgeons now seldom resort to other than simple cerates, which have rather in view preventing the dressing from adhering than that of modifying the character of the wound. Even these are now rejected almost everywhere, except in France; and M. Le Fort attributes a good share of the traumatic erysipelas still met with so frequently in Paris to persistence in this mode of dressing. Various, indeed, have been the endeavours of late years to supersede this. Thus, M. Laugier has employed occlusion by means of goldbeater's skin; but, although access of air may be prevented effectually in small breaches of surface, this is far from being the case in amputation wounds with abundant suppuration. In M. Chassaignac's mode of dressing by occlusion, diachylon forms the basis, and although this is excellent in granulating wounds, M. Le Fort believes that, in quite recent wounds, it may even be a dangerous application, and that it is not unfrequently the point of departure of an attack of erysipelas. M. Guérin's apparatus for "continuous aspiration" is a very effectual means for preventing the contact of air, and the complete removal of pus as it is formed; but although excellent results may be obtained from its use in the treatment of amputation wounds, it is a complicated instrument which is difficult of application. Mayer, Langenbeck, and Vallette have sought to isolate the wound and remove the pus by keeping the stump in a permanent bath of tepid water, and the want of success this plan has met with in Paris has no doubt been in part due to the faulty apparatus employed. Properly used, it furnishes good results in amputations of the leg and forearm, but is of very difficult application, in those of the thigh. The escharotic effects of perchloride of iron, and the coagulation produced by alcohol, have disappointed the hopes once so warmly entertained concerning them—while the water-dressing as employed in England with so much general advantage has its inconveniences. Evaporation takes place in spite of the impermeable covering, especially at the edges, leading to desiccation and adhesion of the dressing, sometimes giving rise to a breach of surface that may be followed by erysipelas. Mr. Lister's antiseptic dressing does not seem to have been attended with the brilliant results once anticipated from it; but, although it does not prevent the spontaneous development of erysipelas, it certainly seems to be possessed of some advantage as regards the propagation of this disease and pyæmia by infection.

The indications, then, that surgeons have in view in the different modes of dressing may be succinctly stated as—the protection of the wound from the contact of air; its modification when possible, by medicinal agents; the maintenance around it of a certain amount of moisture; the pre-

vention of the decomposition of the pus imbibed by the dressings; the keeping the wound in a state of extreme cleanliness; the prevention of the adhesion of the dressings, and the destruction of germs that may give rise to infection. M. Le Fort believes that these ends can be best attained by a slight modification of the water dressings now in use. He entirely proscribes the use of fatty substances, as also as regards recent wounds, of diachylon, and never employs charpie, which by its absorbing power may readily become the receptacle of germs. He covers the wound with one or several compresses, moistened with water mixed with a tenth part of alcohol or spirit of camphor, adding if additional stimulus be required a little sulphate of zinc, hermetically covering the whole with a large piece of oiled silk and some turns of a bandage, so that evaporation is effectually prevented. In this way moisture is retained equivalent in its effects to a continuous bath, without the inconveniences of this or of irrigation. The pus, it is true, remains in contact with the wound, but the experience derived from dressing by occlusion has shown that when it is unchanged such contact is innocuous. This seems so simple a modification of what has been already done, as to hardly justify a special communication, but in the hands of its author it has proved of signal benefit, erysipelas having become nearly extinguished in his wards at the Cochin Hospital, although the wounds there have been very serious. Purulent infection, too, when it has appeared in isolated cases, has been confined to such, and those melancholy series of cases met with in his former practice are no longer found to exist. The great operations, too, have recovered in a remarkable proportion.

"In conclusion," M. Le Fort says, "if this mode of dressing has any influence over the appearance of complications, which are so frequent in some if not all of our Hospitals, it is especially on erysipelas that it is especially exerted. Recalling the time when I officiated at La Charité for my masters, Velpeau and Denonvilliers, when I scarcely dared open an abscess for fear of erysipelas, I am naturally struck with the fact of finding more than two years pass away without a single case of erysipelas being met with, in a ward where a great number of men have been treated for wounds and lesions often of a very grave character. Formerly, when I practised an important operation, such as an amputation, my chief fear was lest purulent infection should supervene. Death was then a perpetual menace, whereas now recovery is the normal issue of active intervention."—Med. Times and Gaz, June 18, 1870.

A New Antiperiodic.—Dr. Lorinser, of Vienna, gives in the Weiner Medizinische Wochenschrift for May 14th, the results of a number of observations made regarding the effect of a remedy for intermittent fever. The remedy is the tincture of the leaves of the Eucalyptus globulus, a plant of the natural order Myrtaceæ. In 1869, Dr. Lorinser made some experiments, the results of which he published; but he was brought to a standstill by the want of a supply of the medicine. The plant has since been cultivated by Herr Lamatsch, an apothecary; and a sufficient quantity of tincture has been made from the leaves to supply a number of medical men in the districts of the Theiss and Danube, and in the Banat. The records of fifty-three cases of intermittent fever in which the eucalyptus was administered have been communicated to Dr. Lorinser; and he gives very brief outlines of each, with the following summary of the results obtained. Of the fifty-three patients, forty-three were completely cured; in five, there was relapse in consequence of a failure of the supply of the tincture of eucalyptus, and quinia had to be employed; two of the cases were not true ague: in one case, neither the eucalyptus nor quinia cured; in one, the medicine (as well as other remedies) was vomited; and in one the patient would not allow the treatment to be continued. In eleven of the cases, quinia had been used without effect; and nine of these were cured by the eucalyptus. There was return of the fever in ten cases, at intervals varying from one to four weeks; in five of these, quinia had to be used in consequence of there being no tincture of eucalyptus, and in the other five the eucalyptus was successfully employed. The tincture is said to be easily made, and to have a pleasant aromatic taste; it acts favourably on the digestive organs. Dr. Lorinser believes that in it we have a valuable remedy for intermittent fever. It may be so; but, considering the comparative failure of the substances which have hitherto been recommended as substitutes for cin-

chona and quinia, still more extended and careful observation will be necessary before recognizing the claims of the eucalyptus globulus to rank as an antiperiodic on which dependence can be placed. The districts which Dr. Lorinser has chosen for testing the effect of the remedy are, we believe, well fitted for the purpose—intermittent fever being very prevalent in them.—Brit. Med. Journ., May 21st, 1870.

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Injections of Ammonia into the Veins as an Antidote to Snake-poison.—We have always distrusted this boasted discovery of Prof. Halford, knowing how often it occurs that when persons are bitten by venomous animals, a lethal dose of poison is not received into the system, but only enough to cause more or less alarming symptoms, which subside after a time spontaneously, while whatever supposed antidote happens to be administered is credited with the cure.

So far as regards Prof. H.'s antidote the following editorial remarks in the Lancet (May 3d, 1870) seem to be perfectly just.

"He has not adduced a single case in which genuine poisoning seems to have been neutralized, or in which the administration of ammonia by the mouth would not have produced precisely the same effects as its injection into the veins. So far as a tolerably extensive examination of the "literature of the subject" enables us to judge, there is no recorded case of genuine snake-poisoning in which the injection of ammonia into the veins can be credited with any specific action. The experiment has been tried by men of scientific eminence, but cannot yet be said to have succeeded. Prof. Halford has still to square accounts with Dr. Fayrer, of Calcutta, who, after repeated and patient trials, found himself unable to announce to the Government that a remedy (to say nothing of an antidote) for snake-bite has been found."

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New Antiseptic.—Mr. John Gamgee recommends (Lancet, Sept. 3d, 1870) the hydrated chloride of aluminium as possessing extraordinary value as a general antiseptic—"indeed, as a substitute for the very poisonous solutions of chloride of zinc; the caustic carbolic acid, which from its smell cannot serve for many purposes; chloride of lime, which evolves the most unpleasant fumes when used in water-closets or elsewhere; the permanganates, which stain; and sulphurous acid, which cannot be conveniently used in hospitals or in the sick chamber."

This new antiseptic, which Mr. G. terms *chloralum*, is non-poisonous, entirely devoid of unpleasant smell, and may with perfect safety be used for the preservation of edible articles, such as meat, fish, etc.

For ordinary disinfecting purposes solutions varying from 1006 to 1010 specific gravity, are quite strong enough. It is quite harmless to vegetation.

"In the dead house, the dissecting-room, museum, and laboratory, chloralum will be found invaluable."

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Contagiousness of Phthisis.—Hr. Petersen (The Disputed Contagiousness and Inoculability of Pulmonary Consumption and Tuberculosis, Kjöbenhavn, 1869) sums up the results of his inquiries and of his own observations in the following propositions:—

"1. That a contagious origin of some cases of phthisis cannot on sufficient grounds be denied; 2. That phthisis caused by contagion is in general of a very dangerous and inflammatory character; 3. That it must justly be considered hazardous to lie in the non-disinfected bed of a phthisical patient, and to be habitually in too close contact with such a person; 4. That this danger in Denmark seems to be greatest in the warm period of the year."—Brit. and For. Med.-Chir. Rev., July, 1870.

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Tuberculosis and Cancer.—The correlation of these diseases has been for some time past the object of anxious thought on the part of medical men. Facts have so distinctly obtruded themselves on the attention of observers that the mere collection of cases will go far to establish a relationship between tuberculosis and cancer. Among the most intelligent physicians who have clinically studied the subject is Dr. Burdel, of Vierzon, in France. On the 17th of May last he read a paper before the Academy of Medicine of Paris, in which it is stated that the diseases have been observed in more than one hundred families, both by the author and his father, to whose practice he has succeeded. It was found that parents affected with cancer had children who presented the tubercular diathesis. Dr. Burdel's memoir is remarkable, not only for the care with which the statistics

were collected, but also for the sober manner in which theorizing is attempted. The facts speak so forcibly that the profession cannot fail to be struck by them. It would be well if one of our societies would next winter appoint a committee to receive reports from medical men all over the country respecting their experience on this important subject.—Lancet, July 16, 1870.

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The Intestines and Abdominal Viscera cut through by the passage of a Railway Train over the body with scarce any injury to the Abdominal Walls.—R. A., æt. 19, was found lying on his back, just inside Euston Station, straight across the outer rail, with his head between the rails, and his hat tilted over his eyes. He was alive when found, but died in a few minutes. The body was at once brought to University College Hospital. It was clothed in a long jacket, waistcoat and trousers of thick coarse cloth, on which the marks of the carriage-wheels were plainly visible. Only a few pence were found in his pockets. There was not the smallest wound on the body, and only a few abrasions of cuticle across the abdomen. After some hours, pretty extensive ecchymoses appeared. On opening the abdomen, all the abdominal muscles were found completely cut through, horizontally, retracted, and curled up, leaving a gap five or six inches wide. The back muscles were in the same condition. The right kidney was cut in half. The transverse colon and a large piece of the ileum were lying free in the abdomen; and the body of the third lumbar vertebra was crushed literally to powder; everything was divided except the skin. The rest of the body was healthy.—Brit. Med. Journ., Aug. 20th, 1870.

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Natural History of Contagia.—Dr. Burdon Sanderson gives, in the report of the Med. Depart. of the Privy Council for 1869, the result thus far of the series of admirable and singularly important microscopic investigations, which he has commenced with the view of making direct studies of the intimate nature and natural history of the contagia. We shall take the opportunity when the time and space permit, of analyzing this part of these Reports more minutely; meantime, we shall allow Mr. Simon to express his view of the value and result in his own well-chosen words.

"Dr. Sanderson's present report does not pretend to be more than introductory in the matter. It discusses generally the ultimate constitution of the contagia; showing experimental reasons, which we think conclusive, for believing that each contagium, as regards its physical form, consists essentially of *extremely minute separate solid particles;* and arguing, on grounds which we think scarcely less certain, that these effective particles of each specific contagium are *living self-multiplying organic forms.* In my annual report of six years ago, when incidentally I had occasion to refer to the intimate nature of morbid infection, I quoted as of extreme interest to that question, the experiments of Professor Schröder and M. Pasteur on the ordinary processes of fermentation and putrefaction; experiments, purporting to connect each specific fermentatory or putrefactive change with the presence and self-multiplication of some characteristic form of microscopical life; but at that time, though I could claim for zymotic pathology the utmost interest in an extension of these experiments, I was obliged to admit that 'the conclusiveness of the experiments, in the field to which hitherto they have been confined, is still matter of the warmest scientific controversy.' It will now be seen that the views indicated in Dr. Sanderson's report with regard to the agencies of morbid infection are (*mutatis mutandis*) the views of Professor Schröder and M. Pasteur on the agencies of fermentation and putrefaction; and I think it will be admitted that the latter views are importantly strengthened by the evidence which M. Chauveau and Dr. Sanderson supply from their other sphere of study, and with experiments of a new and critical kind, as to the essentially particulate form in which the morbid ferments exist and multiply. Professor Hallier's very striking doctrine that contagium-particles, or (as we propose to call them) *microzymes*, are the respective micrococci of certain higher fungic forms which he names, and into which he maintains they can be artificially cultivated, is fully set forth in Dr. Sanderson's report, but has not yet come under our experimental examination. Knowing that all contagia (as such) are distinct one from the other, and believing that each of them has its essence in the so called microzymes which it contains, we by implication impute to the microzymes that in different diseases they are not identical; and as we

affirm them to be dynamically different, so also we assume that, under well-devised differential experiments, other signs of their specificity may be brought to light, and for each sort of them a definite genesiology be written. Hitherto, however, no work has been attempted by us but such as is more or less common to all contagia. And the extremely difficult task of devising the differential experiments which may settle this new branch of natural history is among the obligations of the future."—Brit. Med. Journ., Sept. 3, 1870.

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Cigarettes of Cannabis Indica.—The cigarettes of Cannabis Indica, made by Gremault, of Paris, have been found most efficient in the treatment of affections of the organs of respiration and circulation, no less than in affections of the central and peripheral nervous system. The unpleasant effects which so often follow the internal and subcutaneous use of opium and of Cannabis Indica are not produced by the cigarette. Their use is recommended (1) in spinal neuroses, chorea, and epilepsy; (2) in neurosis of the sensory nerves. neuralgia of the teeth, branches of the fifth pair, the sciatic nerves; (3) neuroses of the motor nerves, spasm of the throat air passages; (4) affections of the sympathetic nerves, hysteria, and other diseases not attended with plethora, and congestion of the head, heart, or lungs. They are especially useful in asthma, pertussis, spasm of the stomach and intestinal canal, nervous palpitation of the heart, and exert a quieting influence over the whole nervous system.—Med. Times and Gaz., July 2, 1870, from Allgemeine Med. Zeit.

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Hypodermic Injections.—Hypodermic injections of various kinds are now so frequently used, and the operation appears so superlatively easy, that we are somewhat apt to forget how much the comfort of the patient may depend upon the maker of the instrument used, and upon the manipulation of him who uses it. Whatever form of syringe be employed, good needles and suckers are the first desiderata. Gold and steel needles are used; but we have little hesitation in recording that those made of the latter metal are the best, if very fine and delicately pointed. Only those who have been the subjects of operation with needles of various kinds can properly appreciate the skill of the accomplished workman in this matter. Too much care cannot be employed in the making and fitting of suckers. Strongly acid injections are frequently used, the action of which no suckers will long withstand; and as it is necessary that these suckers should be renewed at frequent intervals, it is also equally necessary that the workmanship should be perfect, so as to insure perfect accuracy as to quantity of injection. The working of the instrument is specially worthy of attention. A faultlessly clean syringe, a very fine and sharp needle, well oiled, are necessary items. The point of the needle should be introduced with the opening downwards, and the piston, whether plain or screw, should be depressed gently and at regular intervals; for the quick and forcible introduction of any fluid under the skin is always irritating, and often very painful indeed. The needle should be withdrawn gently, and without any rotatory movement, and the wound of the skin closed with the finger for a minute or two after the operation. Lancet, Sept. 3d, 1870.

Variations in Maternal Milk.—M. Louis Sourdat has addressed to the French Academy of Sciences an observation on the unequal production and differing composition of the milk from two breasts of the same woman.

Having noticed the very remarkable preference manifested by the infant for the right breast of its mother—a preference shown by two previous children—and having at the same time made the remark that the right breast was much larger than the other, and gave double the quantity of milk, he thought it worth while to make examination of the milk from each. He arrived at the following conclusions:—

1. The composition of the milk produced by the two breasts, taken together, is from day to day very variable, although there be no appreciable change in the state of health. But temporary fatigue, or change of diet, or the keeping of the milk in the breasts, is sufficient to cause this difference. Thus, in analyses, the dried residue varied from 10 to 13.70 per cent. The density was also very variable. He obtained for the mean of the two breasts specific gravities varying from .980 to 1.031.

2. The composition of the milk varied materially in each breast. Thus, that of

the right breast, in addition to being much more plentiful, was also richer in the ratio of 1.20 to 1 for a minimum, to 1.74 to 1 as a maximum.

3. In these conditions the butter was usually secreted in a much greater quantity in the right breast, in the ratio of 1.50 to 1 (minimum), and 9 to 1 (maximum).

4. Azotized substances, such as caseine and albumen, were also secreted in much greater quantity in the right breast, in the proportion of 1.90 to 1.

5. The soluble principles. lactose and salts, were found to be secreted almost equally in each breast.—Med. Press and Circular, Aug. 3, 1870.

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Relapsing Fever in Liverpool.—The epidemic of relapsing fever in Liverpool shows no sign of declension. Indeed, it is said by some of the gentlemen who are engaged more especially in watching it, to be assuming a severer type as well as greater extension.—Med. Times and Gaz., Aug 20, 1870.

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Cæsarean Section after Death of the Mother; Child Saved.—Dr. Beckmann published in the *Berliner Klin. Woch.* of Dec. 20th, 1869, the case of a woman, aged twenty-five, who, in the eighth month of pregnancy, died of apoplexy. With the consent of the husband, the Cæsarean operation was performed within five minutes after the mother's death, and a male child, weighing hardly four pounds, extracted. It was seemingly dead, but by dint of persevering efforts at artificial respiration life was recalled; and by means of breast milk obtained from a neighbour, the boy did well, and has been frequently seen by Dr. Beckmann since March, 1867, when the operation was performed. A similar case has been published by Dr. Ploss in *Monatschr. für Geburt. und Frauenk.* of August, 1869.—Lancet, July 16, 1870.

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Freezing and Ventilating Machine.—The British Med. Journ. (August 27, 1870) contains a notice of a new freezing and ventilating machine, invented by Franz Mulhausen, C. E, of Brunswick, Germany. In the construction of this machine, the cold is produced by the mechanical expansion of atmospheric air. It produces, when in operation, any desired degree of cold, freezes water without the use of any chemical agents, and will effectually cool and ventilate any apartment or building, on whatever scale, large or small. The labour of one man, with a small five-horse motor power machine, will produce 100 pounds of ice an hour, and cool 15,000 cubic feet of air from thirty to fifty degrees below Reaumur. If future trials with this machine should confirm what has been said of it, its value for various sanitary purposes as well as for domestic comfort can hardly be overated.

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Differences of Opinion between Medical Men less than between Members of the Legal Profession.—Reference is often made by public writers to the conflict of opinion which is commonly found amongst medical witnesses. Lawyers are most apt to refer to this diversity of judgment—rarely in complimentary terms—most often to suggest or to point the conclusion that judgments so divided in their course and so little consistent are of slight weight and deserve little consideration. A barrister furnishes us this week with facts that should modify that opinion, if strict analogy can serve to afford an illustration or to point an argument. The analysis of the decisions of Lord Justice Giffard, sitting alone in appeal cases from January to June, 1870, shows that of forty-one appeals from various courts, the decisions of those courts were affirmed in seventeen cases, reversed in nineteen cases, and varied in five cases. In applying this illustration to the cases of difference of opinion amongst medical experts in courts of justice, it must be remembered that in the great majority of cases to be decided—say 90 per cent. of railway compensation cases—medical opinion is unanimous. And such cases do not come into court. It is only where doubts and difficulties arise that a judicial decision in court is ordinarily asked. The cases of agreement, which are most numerous, are settled out of sight. Moreover, it is only fair to take into account the essential elements of mystery, individual vital differences, and special combinations, which surround each medical case, and obstruct the arrival at certainty. In legal decisions, all the conditions are known, and the principles to be applied are ascertainable. The process is one of pure reasoning, free from conjecture. Yet it does not seem to be productive of complete unanimity in the end.—Brit. Med. Journ., June 18, 1870.

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The wonderful excellence of Gray's Anatomy.—*Cincinnati Lancet*, July, 1870.

This now quite indispensable manual of anatomy.—*California Med. Gazette*, July, 1870.

The anatomy of Mr. Gray is so well known, and so highly appreciated, that the simple announcement of a new edition will probably be all the information the profession need. The work is incomparably the best of its class extant, and no practitioner of surgery or medicine can afford to dispense with it. To refresh one's memory in time of need, its capital illustrations and admirably arranged text make it the best adapted book on anatomy we know of.—*Baltimore Med. Journal*, July, 1870.

As a text-book it leaves nothing to be desired, and we cordially commend it to both student and practitioner as the best work extant upon the subject of which it treats.—*National Med. Journ.*, July, 1870.

It has become the favorite text-book of most American schools—and this is saying much in its favor. One of its chief merits is the application of its demonstrations to Surgery.—*Pacific Med. and Surg. Journ.*, July, 1870.

So well known has Gray's Anatomy become throughout the whole country that it would be superfluous for us to enter into any detailed description of it.—*Cincinnati Med. Repertory*, July, 1870.

The work of Dr. Gray must stand among the first on general anatomy.—*Indiana Med Journ.*, June, 1870.

This superb volume comes to us in a shape that seems to realize all that could be desired in a work on anatomy. No labor has been spared to make it complete in all particulars. The descriptions are full and complete, the text clear and distinct, the engravings of the first order of merit, and the arrangement of the sections systematic and judicious. This work is so favorably known to the profession, that a detailed statement of its peculiar excellences is unnecessary. No one who desires a complete work on descriptive and surgical anatomy, will fail to procure this book.—*Leavenworth Med. Herald*, July, '70.

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As a whole, this is probably the best text-book on anatomy in our language.—*Chicago Med. Examiner*, June, 1870.

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